

Blue Shield of California Life & Health Insurance Company
Dental INO

SmileSM In-Network Only Dental Voluntary Plan 50/2500/Endo-Perio 50%/No Ortho

Benefit summary

Effective January 1, 2018

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE *CERTIFICATE OF INSURANCE* AND POLICY SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

Finding a network dentist

It's easy to choose a dentist. With a broad network of INO dentists to pick from, you should be able to find one near you. The dental INO directory is available online in the Find a Provider section at blueshieldca.com, or by calling Customer Service at (888) 702-4171. Services are covered when rendered by an INO dental provider.

Your cost for services

- You pay a \$50 deductible (\$150/family) each calendar year for services other than diagnostic and preventive services and enhanced dental benefits for pregnant women.
- After the deductible is met, Blue Shield pays a set percentage of the charges up to the maximum amount depending on the service received.
- Blue Shield will pay up to \$2,500 for dental services from network dentists during the calendar year. Charges for services above the maximum are your responsibility.
- You pay any amount above your maximum calendar year benefit.

Benefit summary

Dental PPO Smile SM In-Network Only Dental Voluntary Plan 50/2500/Endo-Perio 50%/No Ortho Plan	Blue Shield pays Network providers
Diagnostic and Preventive Services (includes routine oral exams, X-rays, cleanings, and oral cancer screening, and caries risk management (CAMBRA) procedures ¹)	100%
Basic Services (includes anesthesia, emergency treatment to relieve pain, restorative dentistry, sealants, space maintainers and, oral surgery)	80%
Endodontic and Periodontic (non surgical or non complex)	80%
Endodontic and Periodontic (surgical or complex)	50%
Major Services (includes crown buildups, crowns, prosthetics, onlays, jackets, posts and cores) ²	50%
Orthodontic Services	Not Covered
Enhanced Dental Benefits for Pregnant Women⁵ (includes routine prophylaxis (including prophylaxis for pregnancy gingivitis), periodontal scaling and root planing, and periodontal maintenance)	100%

Dental Smile Rollover Rewards ³						
Maximum Calendar Year Benefit	Annual Claim Threshold	Annual Account Reward	Annual Network Reward ⁴	Total Annual Reward	Total Reward Account Maximum	Total Calendar Year Benefit + Reward Account Maximum
\$2,500	\$1,250	\$600	\$100	\$700	\$1,875	\$4,375

1 Caries Risk Management - CAMBRA (Caries Management by Risk Assessment) is an evaluation of a child's risk level for caries (decay). Children assessed as having a "high risk" for caries (decay) will be allowed up to 4 fluoride varnish treatments during the calendar year along with their biannual cleanings; "medium risk" children will be allowed up to 3 fluoride varnish treatments in addition to their biannual cleanings; and "low risk" children will be allowed up to 2

fluoride varnish treatments in addition to biannual cleanings. When requesting additional fluoride varnish treatments, the provider must provide a copy of the completed American Dental Association (ADA) CAMBRA form (available on the ADA website).

- 2 Twelve month waiting period before services are covered.
- 3 With the Dental Smile Rollover Rewards Program, Blue Shield Life rewards you for getting diagnostic and preventive care from your Dentist during the year. Your reward accumulates, will be carried over each year, and is available for use beginning in the next Benefit period (see the *Dental Smile Rollover Rewards* section of the Certificate of Insurance for details on how the program works).
- 4 Emergency Services are excluded from determining eligibility of the Annual network Reward.
- 5 Enhanced dental Benefits for pregnant women do not apply towards the Maximum Calendar Year Benefit.

Many benefits have pre-determined annual schedules and frequency limitations based on last delivery date and dental necessity. If you are unsure about the frequency of when a benefit can be accessed, you can call **(888) 702-4171**.

This is only a summary of the Blue Shield Life Dental SmileSM In-Network Only Dental Voluntary Plan 50/2500/Endo-Perio 50%/No Ortho plan. For exact terms and conditions of coverage, including exclusions and limitations, please refer to the *Certificate of Insurance*.

Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

Discrimination is against the law

Blue Shield of California Life & Health Insurance Company complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Blue Shield Life does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Blue Shield Life:

- Provides aids and services at no cost to people with disabilities to communicate effectively with us such as:
 - Qualified sign language interpreters
 - Written information in other formats (including large print, audio, accessible electronic formats and other formats)
- Provides language services at no cost to people whose primary language is not English such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Blue Shield Life Civil Rights Coordinator.

If you believe that Blue Shield Life has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Blue Shield of California Life & Health Insurance Company
Civil Rights Coordinator
P.O. Box 629007
El Dorado Hills, CA 95762-9007

Phone: (844) 831-4133 (TTY: 711)

Fax: (916) 350-7405

Email: BlueShieldCivilRightsCoordinator@blueshieldca.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW.
Room 509F, HHH Building Washington, DC 20201
(800) 368-1019; TTY: (800) 537-7697

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

Notice of the Availability of Language Assistance Services Blue Shield of California Life & Health Insurance Company

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or 1-866-346-7198. For more help call the CA Dept. of Insurance at 1-800-927-4357. English

Servicios de idiomas sin costo. Puede obtener un intérprete. Le pueden leer documentos y que le envíen algunos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al 1-866-346-7198. Para obtener más ayuda, llámenos al Departamento de Seguros de CA al 1-800-927-4357. Spanish

免費語言服務。 您可獲得口譯員服務。可以用中文把文件唸給您聽。有些文件有中文的版本，也可以把這些文件寄給您。欲取得協助，請致電您的保險卡所列的電話號碼，或撥打 1-866-346-7198 與我們聯絡。欲取得其他協助，請致電 1-800-927-4357 與加州保險部聯絡。Chinese

Các Dịch Vụ Trợ Giúp Ngôn Ngữ Miễn Phí. Quý vị có thể được nhận dịch vụ thông dịch. Quý vị có thể được người khác đọc giúp các tài liệu và nhận một số tài liệu bằng tiếng Việt. Để được giúp đỡ, hãy gọi cho chúng tôi tại số điện thoại ghi trên thẻ hội viên của quý vị hoặc 1-866-346-7198. Để được trợ giúp thêm, xin gọi Sở Bảo Hiểm California tại số 1-800-927-4357. Vietnamese

무료 통역 서비스. 귀하는 한국어 통역 서비스를 받으실 수 있으며 한국어로 서류를 낭독해주는 서비스를 받으실 수 있습니다. 도움이 필요하신 분은 귀하의 ID 카드에 나와있는 안내 전화: 1-866-346-7198번으로 문의해 주십시오. 보다 자세한 사항을 문의하실 분은 캘리포니아 주 보험국, 안내 전화 1-800-927-4357번으로 연락해 주십시오. Korean

Walang Gastos na mga Serbisyo sa Wika. Makakakuha ka ng interpreter o tagasalin at maipababasa mo sa Tagalog ang mga dokumento. Para makakuha ng tulong, tawagan kami sa numerong nakalista sa iyong ID card o sa 1-866-346-7198. Para sa karagdagang tulong, tawagan ang CA Dept. of Insurance sa 1-800-927-4357. Tagalog

Անվճար Ազգայնական Օգնություններ: Դուք կարող եք թարգման և լսել ինչևէ ն փաստաթղթերը ընթերցել նաև ձեզ համար հայերեն լեզվով: Օգնության համար մեզ զանգահարեք ձեր ինքնության (ID) տեսակի վրա նշված կամ 1-866-346-7198 համարով: Արագուղի օգնության համար 1-800-927-4357 համարով զանգահարեք Կալիֆոռնիայի Ազգայնականության Բաժնետնակ: American

Бесплатные услуги перевода. Вы можете воспользоваться услугами переводчика, и ваши документы прочтут для вас на русском языке. Если вам требуется помощь, звоните нам по номеру, указанному на вашей идентификационной карте, или 1-866-346-7198. Если вам требуется дополнительная помощь, звоните в Департамент страхования штата Калифорния (Department of Insurance), по телефону 1-800-927-4357. Russian

無料の言語サービス 日本語で通訳をご提供し、書類をお読みします。サービスをご希望の方は、IDカード記載の番号または1-866-346-7198 までお問い合わせください。更なるお問い合わせは、カリフォルニア州保険庁、1-800-927-4357 までご連絡ください。Japanese

خدمات مجاني مربوط به زبان: متراژد از خدمات یک مترجم شفاهی استفاده کنید و برگزیده مدارک به زبان فارسی برایتان خوانده شوند. برای دریافت کمک، ما از طریق شماره تلفنی که روی کارت شناسایی شما ثبت شده است و یا این شماره 1-866-346-7198 تماس بگیرید. برای دریافت کمک بیشتر، به CA Dept. of Insurance (اداره بیمه کالیفرنیا) به شماره 1-800-927-4357 تلفن کنید. Persian

ਮੁਫਤ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ: ਤੁਸੀਂ ਦੁਬਾਰੀਏ ਦੀਆਂ ਸੇਵਾਵਾਂ ਵਾਸਤੇ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਦਸਤਾਵੇਜ਼ਾਂ ਨੂੰ ਪੰਜਾਬੀ ਵਿੱਚ ਸੁਣ ਸਕਦੇ ਹੋ। ਕੁਝ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਨੂੰ ਪੰਜਾਬੀ ਵਿੱਚ ਭੇਜੇ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ ਤੁਹਾਡੇ ਆਈਡੀ (ID) ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਜਾਂ 1-866-346-7198 'ਤੇ ' ਸਾਨੂੰ ਫ਼ੋਨ ਕਰੋ। ਵਧੇਰੇ ਮਦਦ ਲਈ ਕੈਲੀਫੋਰਨੀਆ ਡਿਪਾਰਟਮੈਂਟ ਆਫ਼ ਇਨਸੂਰੈਂਸ ਨੂੰ 1-800-927-4357 'ਤੇ ਫ਼ੋਨ ਕਰੋ। Punjabi

សេវាកម្មភាសាឥតគិតថ្លៃ អ្នកអាចទទួលបានម្ហូបកម្រៃភាសា និងអាចឯកភាពទទួលបាន ភាសាខ្មែរ ។ សម្រាប់ជំនួយ សូមទូរស័ព្ទមកយើងឬតាមលេខទូរស័ព្ទលើកាត់ដៃស្តាប់សំឡេងរបស់អ្នក ឬលេខ 1-866-346-7198 ។ សម្រាប់ជំនួយបន្ថែមទៀត សូមទូរស័ព្ទទៅក្រសួងពាណិជ្ជកម្មជាតិកម្ពុជា តាមលេខ 1-800-927-4357 Khmer

خدمات ترجمه بدون تکلف: می‌تواند الحصول على مترجم و قراءة الوثائق لله باللغة العربية الحصول على المساعدة، اتصل بنا على الرقم المعين على بطاقة عضويتك أو على الرقم 1-866-346-7198 للحصول على المزيد من المعلومات، اتصل بإدارة التأمين لولاية كاليفورنيا على الرقم 1-800-927-4357 Arabic

Cov Kev Pab Txhais Lus Tsis Them Nql. Koj yuav thov tau kam muaj neeg los txhais lus rau koj thiab kam neeg nyeem cov ntawv ua lus Hmoob. Yog xav tau kev pab, hu rau peb ntawm tus xov tooj nyob hauv koj daim yuaj ID los sis 1-866-346-7198. Yog xav tau kev pab ntxiv hu rau CA lub Caj Meem Fai Muab Kev Tuav Pav Hwm ntawm 1-800-927-4357 Hmong

บริการทางภาษาอย่างไม่มีค่าใช้จ่าย คุณสามารถรับบริการจากส่วน รวมถึงให้เจ้าหน้าที่ส่วนเอกสารให้คุณฟัง หรือส่งเอกสารบางส่วนในภาษาของคุณไปหาคุณได้ หากต้องการความช่วยเหลือ กรุณาโทรศัพท์ตามหมายเลขหรือระบุชื่อส่วนหลังรับบัตรประจำตัวของคุณ หรือ พิมพ์เลข 1-866-346-7198 หากต้องการความช่วยเหลือเพิ่มเติม โปรดโทรหาที่ การบริการประชาชนของกรมคุ้มครองผู้บริโภคหมายเลข 1-800-927-4357 Thai

निःशुल्क भाषा सेवाएँ। आप एक दुबारा की सेवा प्राप्त कर सकते हैं। आप दस्तावेज़ों को पढ़ा के सुन सकते हैं और कुछ को अपनी भाषा में स्वयं को भिजवा सकते हैं। सहायता के लिए, अपने ID कार्ड पर दिए गए नंबर पर, या 1-866-346-7198 पर हमें फ़ोन करें। अधिक सहायता के लिए कैलिफ़ोर्निया बीमा विभाग (CA Dept. of Insurance) को 1-800-927-4357 पर फ़ोन करें। Hindi

Doo baááh ilínígó saad bee yáit'F' bee aná'áwo'. Díí shá ata'halm' dooígí hólógódoo nínízingo éí bíghah. Naaltsoos naamináhíjéehígí shích'í' yífidooltah éé doodagó la' shích'í' ádoonilnín nínízingo bíghah. Shíká a' doowool nínízingo náhich'í' béesh bee hodilnính dóo námboo éé díí ninaaltsoos dootí'ízhígí bee nétho' dilzínígí bine' déé' bíkái' éé doodagó éí (866) 346-7198j'í' hodilnính. Hózhó shíká aná' doowool nínízingo éé díí Akóésháshjín Béeso Ách'ágh Nan'níl bíí haz'égí' 1-800-927-4357j'í' hodilnính. Navajo